

Complete Summary

GUIDELINE TITLE

Public health guidance for community-level preparedness and response to severe acute respiratory syndrome (SARS). Version 2. Core document.

BIBLIOGRAPHIC SOURCE(S)

Centers for Disease Control and Prevention (CDC). Public health guidance for community-level preparedness and response to severe acute respiratory syndrome (SARS). Version 2. Core document. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2004 Jan 8. 26 p. [51 references]

COMPLETE SUMMARY CONTENT

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CATEGORIES
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SCOPE

DISEASE/CONDITION(S)

Severe acute respiratory syndrome (SARS)

GUIDELINE CATEGORY

Management
Prevention

CLINICAL SPECIALTY

Emergency Medicine
Family Practice
Infectious Diseases
Internal Medicine
Pediatrics
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Clinical Laboratory Personnel
Health Care Providers
Health Plans
Hospitals
Nurses
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

The strategies, guidelines, and tools included in the original guideline document are designed to enable states and communities to achieve the following objectives:

- To rapidly and efficiently identify cases of severe acute respiratory syndrome-associated coronavirus (SARS-CoV) disease and their exposed contacts
- To ensure rapid information exchange among clinicians, public health officials, and administrators of healthcare facilities about potential cases of severe acute respiratory syndrome (SARS)
- To rapidly and effectively implement measures to prevent the transmission of SARS-CoV
- To continuously monitor the course and characteristics of a SARS outbreak and promptly revise control strategies as needed
- To implement effective communication and education strategies for the public, the media, community officials, healthcare communities, and public health communities to ensure an appropriate response to SARS
- To coordinate and integrate SARS preparedness and response planning efforts with other preparedness plans and systems

TARGET POPULATION

Persons in the United States with severe acute respiratory syndrome (SARS) and those who may be at risk for developing SARS

INTERVENTIONS AND PRACTICES CONSIDERED

Key components of preparedness and response for severe acute respiratory syndrome (SARS)

1. Command and control
2. Surveillance and information technology
3. Preparedness and response in healthcare facilities
4. Community containment measures, including non-hospital isolation and quarantine
5. Management of international travel-related transmission risk
6. Laboratory diagnostics
7. Communication and education
8. SARS investigations and epidemiologic research
9. Infection control

MAJOR OUTCOMES CONSIDERED

- Prevalence of severe acute respiratory syndrome (SARS) during the 2003 epidemic
- Morbidity and mortality associated with SARS during the 2003 epidemic
- Effectiveness of public health measures to detect and control disease transmission and minimize the impact of the 2003 SARS epidemic

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The guideline was prepared by the Centers for Disease Control and Prevention's (CDC) Severe Acute Respiratory Syndrome (SARS) Preparedness Committee, which was assembled to prepare for the possibility of future SARS outbreaks. The

Committee includes eight working groups, each of which addressed a component of SARS preparedness and response. The working groups derived the guidance document from lessons learned during the 2003 epidemic, other CDC preparedness and response plans, and the advice, suggestions, and comments of state and local health officials and representatives of professional organizations, convened by means of teleconferences and meetings. Meetings were held on August 12-13, 2003 (public health preparedness and response), September 12, 2003 (preparedness in healthcare facilities), and September 18, 2003 (laboratory diagnostics).

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This is an updated version of the draft guidance document issued by the Centers for Disease Control and Prevention (CDC) on November 3, 2003. CDC revised the draft based on comments received from public health partners, healthcare providers, professional organizations, and others.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Note from the National Guideline Clearinghouse (NGC): The original guideline document provides guidance on each of the following key components of severe acute respiratory syndrome (SARS) preparedness and response

- [Supplement A: Command and Control](#)
- [Supplement B: SARS Surveillance](#)
- [Supplement C: Preparedness and Response in Healthcare Facilities](#)
- [Supplement D: Community Containment Measures, Including Non-Hospital Isolation and Quarantine](#)
- [Supplement E: Managing International Travel-Related Transmission Risk](#)
- [Supplement F: Laboratory Diagnostics](#)
- Supplement H: SARS Investigations and Epidemiologic Research
- [Supplement I: Infection Control in Healthcare, Home, and Community Settings](#)
- Information Technology

Where applicable, links have been provided to NGC records on the specific topics and text.

Key Measures for SARS Preparedness and Response

Supplement A: Command and Control

Rapid and decisive action in response to a recurrence of SARS-associated coronavirus (SARS-CoV) transmission requires local, state, and federal public health authorities to work efficiently and in concert toward the common goal of containing the spread of infection. State and local officials provide the first line of response with respect to preparing and planning for an outbreak at the jurisdictional level; identifying, managing, and reporting cases; and exercising the necessary authority to impose individual and community containment measures. Given the complexity of responding to an outbreak of a serious respiratory illness and the sustained, coordinated efforts required to control transmission, states and localities must determine and clarify operational and legal authorities in advance and make the necessary preparations for a multi-agency, multi-jurisdictional response. Another essential preparedness step for command, control, and coordination of resources during a SARS outbreak response will be the development/adaptation of an incident management structure supported by adequate information systems.

Goals

- Determine and establish operational authority for the response to a SARS outbreak.
- Establish an incident management structure for the response to a SARS outbreak, supported by adequate information systems.
- Determine and establish legal authority for a response to a SARS outbreak.

Priority Activities

- Conduct local preparedness planning for a re-emergence of SARS-CoV, with participation by persons representing a range of disciplines and expertise. Draft and formally adopt a SARS response plan, or add SARS preparedness and response to an existing preparedness plan.
- Confirm the controlling authorities for actions such as declaring a public health emergency, activating the SARS response plan, and curtailing modes of transportation.
- Develop/reinforce relationships with health authorities of adjoining jurisdictions and with federal agencies to ensure effective communication and collaboration.
- Learn about the legal authorities and statutes for enforcing individual and community containment measures at the local, state, and federal levels.
- Develop/adapt a predetermined incident command system to coordinate and manage SARS response activities.
- Ensure the availability of information system(s) that can document, support, and coordinate the activities generated within an incident command system (e.g., integrate personnel and facilities, expedite real-time communication and flow of information, aid in logistics planning, and resource allocation

Supplement B: SARS Surveillance

The SARS surveillance strategy is founded on complete and rapid identification of cases--the key to which is maintaining an appropriate index of suspicion for SARS-CoV disease based on risk of exposure. With no known source of transmission, the most likely sites of SARS-CoV recurrence are locations where SARS-CoV transmission previously occurred, the original site of introduction of SARS-CoV from animals to humans, laboratories in which a break in technique leads to laboratory-acquired infections, and also large international travel hubs that serve as interconnecting nodes to high-risk locations.

The predilection for SARS-CoV transmission to occur among international travelers and in healthcare settings and to cause unusual clusters of pneumonia provides a focus for surveillance in the absence of SARS-CoV transmission (i.e., patients requiring hospitalization for pneumonia, pneumonia in healthcare workers, unusual clusters of pneumonia among travelers). If SARS-CoV reappears, then patients or known sites of SARS-CoV transmission become the most likely source of exposure. Contact tracing-- the identification and evaluation of persons who had close contact with a potential SARS case or were exposed to locations with known SARS-CoV transmission-- is important for the identification of persons at risk for SARS-CoV disease and the initiation of appropriate measures to reduce the possible spread of infection.

Goals

- Maximize early detection of cases and clusters of respiratory infections that might signal the global re-emergence of SARS-CoV disease while minimizing unnecessary laboratory testing, concerns about SARS-CoV, implementation of control measures, and social disruption.
- If SARS-CoV transmission recurs, maintain prompt and complete identification and reporting of potential cases to facilitate outbreak control and management.
- Identify and monitor contacts of cases of SARS-CoV disease to enable early detection of illness in persons at greatest risk.

Priority Activities

- Educate clinicians and public health workers on features that can assist in early recognition of SARS and on guidelines for reporting SARS-CoV cases.
- Develop tools to identify, evaluate, and monitor contacts of SARS-CoV patients.
- Establish an efficient data management system that links clinical, epidemiologic, and laboratory data on cases of SARS-CoV disease and allows rapid sharing of information.
- Identify surge capacity for investigation of cases and identification, evaluation, and monitoring of contacts in the event of a large SARS outbreak.

Supplement C: Preparedness and Response in Healthcare Facilities

In most settings with large SARS outbreaks in 2003, healthcare facilities accounted for a large proportion (often >50%) of cases. In addition to healthcare workers who cared for patients, other hospital patients and visitors were often

affected and in many instances propagated the outbreaks in the hospital and into the community. Therefore, rapid isolation of possible cases of SARS-CoV disease and strict adherence to infection control precautions are critical; prompt and decisive use of these measures has consistently been a key and effective part of SARS control strategies. Each hospital in a community should be prepared to identify, triage, and manage SARS patients. Hospital-specific infection control policies related to SARS should be guided by the level of SARS activity in the community and the hospital. Identifying adequate resources and staff for an effective response and surge capacity, if needed, are priorities.

Goals

- Rapidly identify and isolate all potential SARS patients.
- Implement infection control practices and contact tracing to interrupt SARS-CoV transmission.
- Ensure rapid communication within healthcare facilities and between healthcare facilities and health departments.

Priority Activities

- Organize a planning committee to develop an institutional preparedness and response plan and a clear decision-making structure.
- Develop surveillance, screening, and evaluation strategies for various levels of SARS-CoV transmission.
- Develop plans to rapidly implement effective infection control measures and contact-tracing procedures.
- Determine the current availability of infrastructure and resources to care for SARS patients and strategies for meeting increasing demands.
- Develop strategies to meet staffing needs for SARS patient care and management.
- Develop strategies to communicate with staff, patients, the health department, and the public.
- Develop strategies to educate staff and patients about SARS and SARS control measures.

[Supplement D: Community Containment Measures, Including Non-Hospital Isolation and Quarantine](#)

Community containment strategies, including isolation, contact tracing and monitoring, and quarantine, are basic infectious disease control measures that proved to be critically important for control of the most severe SARS outbreaks in 2003. Isolation of SARS patients separates them from healthy persons and restricts their movement to prevent transmission to others, preventing healthy persons from becoming ill. It also allows for the focused delivery of specialized health care to ill persons. Quarantine of persons who have been exposed to SARS-CoV but are not ill is intended to prevent further transmission in the event that they develop SARS-CoV disease by reducing the interval between the onset of symptoms and the institution of appropriate precautions.

Given that most SARS patients have a clearly identified exposure to other SARS patients or to a setting with SARS-CoV transmission and that transmission occurs after onset of illness, rapid identification of exposed persons (contacts) and

prompt isolation of contacts if they become ill is a highly effective control strategy. Quarantine of contacts is often a critical part of contact management and should be performed selectively, carefully, and with respect for human dignity. Isolation and quarantine are optimally performed on a voluntary basis, but many levels of government (local, state, and federal) have the basic legal authority to compel mandatory isolation and quarantine of persons and communities when necessary to protect the public's health. Broader community containment through "snow day" measures, such as cancellation of public gatherings and closure of school and businesses, can also be used to reduce transmission by limiting social interactions at the population level. The rationale for such measures, as well as mechanisms to ensure due process and prevent stigmatization of affected persons, need to be clearly articulated.

Goal

Prevent transmission of SARS-CoV through use of a range of community containment strategies chosen to provide maximum efficacy based on the characteristics of the outbreak while minimizing the adverse impact on civil liberties.

Priority Activities

- Identify, evaluate, and monitor contacts of SARS patients, and consider quarantine of contacts, if needed.
- Continually monitor the course and extent of the outbreak, and evaluate the need for community containment measures.
- Establish the infrastructure to deliver essential goods and services to persons in quarantine and isolation.
- Develop tools and mechanisms to prevent stigmatization and provide mental health resources for those in isolation and quarantine.
- Work with community partners to ensure that implementation and communication plans address the cultural and linguistic needs of affected persons.

[Supplement E: Managing International Travel-Related Transmission Risk](#)

In the absence of control measures, SARS-CoV can spread rapidly on a global scale through international travel. Screening and evaluating passengers for SARS-like symptoms, educating them about SARS, and reporting illnesses in travelers can decrease the risk of travel-associated infections.

Goals

- Prevent the introduction of SARS-CoV (and spread from an introduction) into the United States from SARS-affected areas.
- Prevent exportation of SARS-CoV from the United States if domestic transmission presents an increased risk of exportation.
- Reduce the risk of SARS-CoV disease among outbound travelers to SARS-affected areas.
- Prevent the transmission of SARS-CoV to passengers on a conveyance with a SARS patient, and evaluate and monitor other passengers to detect SARS-like illness and prevent further spread.

Priority Activities

- Screen incoming travelers from SARS-affected areas for SARS, and provide guidance about monitoring their health and reporting illness.
- Provide guidance to outbound travelers about active SARS-affected areas and measures to reduce risk of acquiring SARS-CoV disease during travel.
- If SARS-CoV transmission in the United States presents an increased risk of exporting SARS-CoV to other countries, then screen outbound travelers to prevent such exportation.
- Ensure the appropriate evaluation and management of SARS cases and potentially exposed passengers and crew members on conveyances.

Supplement F: Laboratory Diagnostics

Laboratory diagnostics are essential for detecting and documenting a resurgence of SARS, responding to and managing SARS outbreaks, and managing concerns about SARS-CoV disease in patients with other respiratory illnesses. The identification of the etiologic agent, SARS-CoV, led to rapid development of enzyme immunoassays (EIA) and immunofluorescence assays (IFA) for SARS antibody and reverse-transcriptase polymerase chain reaction (RT-PCR) assays for SARS-CoV ribonucleic acid (RNA). These assays can be very sensitive and specific for detecting antibody and RNA, respectively, but are less sensitive for detecting infection, especially early in illness. Diagnostic assays for other respiratory pathogens may be helpful in differentiating SARS-CoV disease from other illnesses, but SARS patients may be simultaneously infected with SARS-CoV and another respiratory pathogen. CDC's laboratory diagnostics plan is based on the following goals and activities:

Goals

- Provide the public health community with ready access to high-quality SARS-CoV diagnostics.
- Ensure that SARS-CoV laboratory diagnostics are used safely and appropriately and that results are interpreted appropriately.

Priority Activities

- Improve the ability to detect SARS-CoV infection by optimizing the selection and timing of specimen collection and processing.
- Provide SARS-CoV assays for RT-PCR testing through Laboratory Response Network (LRN) laboratories and for serologic testing to state public health laboratories.
- Distribute proficiency panels and questionnaires to participating laboratories to determine the ability of laboratories to provide valid SARS-CoV diagnostics.
- Provide guidance on laboratory safety for SARS-CoV and other respiratory diagnostic testing and for potentially SARS-CoV-containing specimens submitted for other tests.
- Provide guidance for interpreting test results, taking into account the potential for false-positive and false-negative results and the availability of applicable clinical and epidemiologic information.
- Identify surge capacity for laboratory testing in the event of a large SARS outbreak.

Supplement G: Communication and Education

Rapid and frequent communication of crucial information about SARS--such as the level of the outbreak worldwide and recommended control measures--is a vital component of efforts to contain the spread of SARS-CoV. Specific communication needs and key messages will vary substantially by level of SARS activity. In the absence of SARS-CoV transmission globally, the preparation and dissemination of messages and materials are designed to maintain vigilance in the healthcare community and general awareness among all parties about the possibility of a SARS outbreak and the steps that would be indicated in such an event. The recurrence of SARS-CoV transmission anywhere in the world will generate immediate and intense media attention and require an enormous effort to respond to the demand from the public, the media, policymakers, and healthcare workers for information and guidance. A domestic outbreak of SARS will result in even greater demands to manage media requests, disseminate up-to-date outbreak information and messages, assist local hospitals and healthcare providers in responding to the public, and respond to inquiries from special interest groups.

Goals

- Instill and maintain public confidence in the nation's public health system and its ability to respond to and manage the reappearance of SARS-CoV.
- Contribute to the maintenance of order, minimization of public panic and fear, and facilitation of public protection through the provision of accurate, rapid, and complete information before, during, and after a SARS outbreak.
- Provide accurate, consistent, and comprehensive information about SARS-CoV disease.
- Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent stigmatization of specific groups.

Priority Activities

- Identify key messages about SARS-CoV disease for specific audiences and the most effective methods to deliver these messages.
- Issue local public health announcements and updated information on the outbreak and response.
- Provide a location for state, local, and federal communication and emergency response personnel to meet and work side-by-side in developing key messages and handling media inquiries.
- Respond to frequently occurring media questions by preparing fact sheets, talking points (key messages), and question-and-answer documents.
- Coordinate requests for spokespersons and subject matter experts.

Supplement H: Plans for SARS Investigations and Epidemiologic Research

This supplement is currently under development.

Supplement I: Infection Control in Healthcare, Home, and Community Settings

Transmission of SARS-CoV in healthcare settings was a major factor in the propagation of the 2003 global SARS epidemic. In each of the major outbreak areas, SARS-CoV caused unprecedented levels of morbidity and mortality among healthcare personnel and disrupted healthcare delivery systems. Rapid implementation and adherence to infection control measures proved essential for controlling transmission in healthcare facilities and containing the outbreaks. Ensuring readiness for a reappearance for SARS-CoV therefore means maintaining emphasis on the importance of infection control in healthcare facilities and correcting any deficiencies in infection control training and practice.

If person-to-person SARS-CoV transmission recurs, many patients may be isolated in residential settings. In the United States, hospitalization of patients with SARS-CoV disease is recommended only when medically indicated. Given the risk of exposure to household members, strict infection control measures are also needed to prevent SARS-CoV transmission from patients isolated in residential settings. In addition, if a large outbreak overwhelms the capacity of the healthcare system, patients may be isolated in community facilities. As in the case of healthcare and residential settings, appropriate infection control measures will be required to prevent transmission of infection in these facilities.

Goals

- Ensure early recognition of patients at risk for SARS-CoV disease.
- Prevent transmission of SARS-CoV by implementing appropriate infection control precautions.

Priority Activities

- Reinforce basic infection control practices among healthcare workers.
- Take steps to reduce transmission of respiratory viruses from symptomatic persons at the time of initial encounter with the healthcare setting.
- Develop triage strategies that ensure early recognition of patients at risk for SARS-CoV disease.
- Develop plans for appropriate SARS infection control precautions in inpatient and outpatient healthcare facilities, homes, and community isolation facilities.
- Ensure appropriate management and follow-up monitoring of healthcare workers who have had exposures to and other contacts with SARS patients.

Information Technology

During the 2003 epidemic, the Internet played an important part in global efforts to identify the etiologic agent of SARS and control its spread. Unfortunately, in many outbreak settings, the lack of useful information management systems made outbreak control less efficient in many areas and in some instances may have actually delayed the containment and control of SARS. Although a Web-based system to manage all aspects of a SARS outbreak would be ideal, issues of confidentiality, data security, data ownership, and availability of technical expertise to support new information systems make the ideal system a long-term goal. In the short term, a Web-based case reporting system--plus efficient means to link clinical, epidemiologic, and laboratory data--will provide an efficient process for quickly recording and reporting the status of SARS activity in the United States for federal, state, and local response needs.

Rapid identification, tracking, evaluation, and monitoring of contacts of SARS cases will be key to early detection of symptoms in persons at greatest risk of SARS, and development of a data management system to facilitate this process is vital. Contact tracing can be particularly challenging and resource intensive in large-scale outbreaks or among highly mobile populations such as international travelers. Ideally, such a system should be integrated with the case reporting system to allow rapid exchange of information. Finally, the tracking of contacts of SARS cases on conveyances (e.g., airplanes) will require rapid availability of electronic passenger manifests that provide information on the proximity of the contact to the case. This information needs to be rapidly assimilated and disseminated to a large number of state and local health departments for notification and monitoring of contacts.

Goal

Deploy an integrated data management system that efficiently and effectively supports SARS outbreak response needs at the federal, state, and local levels.

Priority Activities

- Develop and deploy a case-reporting system for SARS surveillance that supports federal, state, and local health department needs and makes data readily available to the submitting health department. The system can be based on either Web-based data entry or data downloads.
- Implement an outbreak-management system that can track and link clinical, laboratory, and epidemiologic data and can be used to monitor all aspects of an outbreak response at the local level. The system should allow state and local health departments to track the monitoring and follow-up of contacts for clinical illness and compliance with isolation and quarantine measures, as applicable.
- Collaborate with the Department of Transportation to rapidly obtain passenger manifests for conveyances with ill travelers.
- Use electronic communication mechanisms (e.g., Epi-X, Health Alert Network) to disseminate contact information to state and local health departments.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation. The working groups derived the guidance document from lessons learned during the 2003 epidemic, other Centers for Disease Control and Prevention (CDC) preparedness and response plans, and the advice, suggestions, and comments of state and local health officials and representatives of professional organizations.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Using this guidance document, localities can develop operational severe acute respiratory syndrome (SARS) preparedness and response plans that reflect consistent approaches among and within jurisdictions to outbreaks of similar characteristics, while taking into account available healthcare and public health resources, public perceptions, and other factors that are unique to each community.

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The supplements included in the original guideline document are:

- [Supplement A: Command and Control](#)
- [Supplement B: SARS Surveillance](#)
- [Supplement C: Preparedness and Response in Healthcare Facilities](#)
- [Supplement D: Community Containment Measures, Including Non-Hospital Isolation and Quarantine](#)
- [Supplement E: Managing International Travel-Related Transmission Risk](#)
- [Supplement F: Laboratory Diagnostics](#)
- [Supplement G: Communication and Education](#)
- [Supplement I: Infection Control in Healthcare, Home, and Community Settings](#)

Each supplement outlines, and in some cases describes in some detail, many of the interrelated and multifaceted activities that need to or could be undertaken at the local level to prepare for and respond to the reemergence of severe acute respiratory syndrome (SARS). Also included are guidelines and resource materials to assist public health officials and healthcare facilities in planning and implementing a response.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Centers for Disease Control and Prevention (CDC). Public health guidance for community-level preparedness and response to severe acute respiratory syndrome (SARS). Version 2. Core document. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2004 Jan 8. 26 p. [51 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003 Nov 3 (revised 2004 Jan 8)

GUIDELINE DEVELOPER(S)

Centers for Disease Control and Prevention - Federal Government Agency [U.S.]

GUIDELINE DEVELOPER COMMENT

This guideline was prepared by the Center for Disease Control and Prevention's Severe Acute Respiratory Syndrome (SARS) Preparedness Committee. The Committee includes eight working groups, each of which addressed a component of SARS preparedness and response: Surveillance, Clinical Management, Preparedness in Healthcare Facilities, Community Response, Laboratory Diagnostics, Information Technology, Communication and Education, and Special Studies.

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Centers for Disease Control and Prevention Severe Acute Respiratory Syndrome (SARS) Preparedness Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version issued by the Centers for Disease Control and Prevention (CDC) on November 13, 2003.

GUIDELINE AVAILABILITY

Electronic copies: Available from the Centers for Disease Control and Prevention (CDC) Web site:

- [HTML Format](#)
- [Microsoft Word](#)
- [Portable Document Format \(PDF\)](#)

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- In the absence of SARS-CoV transmission worldwide: guidance for surveillance, clinical and laboratory evaluation, and reporting. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2004 Jan 8. 15 p.

Electronic copies: Available from the [Centers for Disease Control and Prevention \(CDC\) Web site](#).

- Clinical guidance on the identification and evaluation of possible SARS-CoV disease among persons presenting with community-acquired illness. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2004 Jan 8. 15 p.

Electronic copies: Available from the [CDC Web site](#).

Also available are additional slide sets to accompany the Severe Acute Respiratory Syndrome (SARS) Public Health Guidance Document:

- SARS Surveillance: Preparing for Potential Re-emergence of Disease
- SARS Laboratory Diagnostics Preparedness
- SARS Preparedness and Response in Healthcare Facilities
- Quarantine: Community Response and Containment for SARS
- Public Health Guidance for Community-Level Preparedness and Response to SARS: Communication and Education

Electronic copies: Available from the [CDC Web site](#) in PDF format and as Microsoft PowerPoint downloads.

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the

Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

PATIENT RESOURCES

The following is available:

- Information for SARS Patients and Their Close Contacts. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2004 Feb 6.
- Infection Control Precautions for SARS Patients and Their Close Contacts in Households. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2004 Jan 8.

Electronic copies: Available from the [Centers for Disease Control and Prevention \(CDC\) Web site](#).

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

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